

# HAKTO

Housing Authority of the Kickapoo Tribe of Oklahoma

PO Box 120  
101 N. Blackberry Ln.  
McLoud, OK 74851



(405)964-6262 Main Office Line  
[hakto@ktohousing.com](mailto:hakto@ktohousing.com)

## EMPLOYMENT APPLICATION

Position you are applying for: \_\_\_\_\_

Who recommended you to apply for the position: \_\_\_\_\_

### General Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, ST Zip-Code

Phone No. \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a member of the Kickapoo Tribe of Oklahoma? \_\_\_\_\_ Roll No. \_\_\_\_\_

Are you an enrolled member of a Federally Recognized Tribe: \_\_\_\_\_

Please list Tribe and Roll Number: \_\_\_\_\_

Please list any relatives currently working for the KTO: \_\_\_\_\_

List language(s), other than English, that you fluently speak: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you currently have a valid Oklahoma Drivers License? \_\_\_\_\_

Are you a Veteran of the United States Military? \_\_\_\_\_

Branch: \_\_\_\_\_ Were you honorably discharged? \_\_\_\_\_

Do you have any physical, mental or medical impairments or disabilities which would limit your job performance?  
\_\_\_\_\_  
\_\_\_\_\_

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**Education:**

School Name	Location	Course of Study	Graduation Date

Employment History: 10 Years, Most recent position first

Employer's Name/Address	Employment Dates	
	Start:	To:
	Wages/Salary	
Supervisor's Name/Telephone Number:	Starting:	Ending:
Job Title, Summary of Work:		
Reason for Leaving:		

Employer's Name/Address	Employment Dates	
	Start:	To:
	Wages/Salary	
Supervisor's Name/Telephone Number:	Starting:	Ending:
Job Title, Summary of Work:		
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## Skills and Qualifications:

Typing WPM: \_\_\_\_\_

Computer Skills/Experience: \_\_\_\_\_

\_\_\_\_\_

Professional or Trade Licenses, Certificates, Registrations:

Type: \_\_\_\_\_ No. \_\_\_\_\_ State: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Other skills/qualifications:

\_\_\_\_\_

\_\_\_\_\_

References: Please list no relatives

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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## STATEMENT OF UNDERSTANDING

I understand and agree that any false or misleading statements made in this application will be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the statements in this application and to submit to a medical examination or drug test if required.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The Kickapoo Tribe of Oklahoma is required to implement the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. As such, it is unlawful for employees to manufacture, distribute, dispense, possess, or use a controlled substance on the job site. Employees who are suspected of violating this act may be subject to drug testing as a condition of employment. "I understand and acknowledge receipt of the above information regarding requirements of the Drug-Free Workplace Act of 1988."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date